



Application Data Sheet

Application Information

Application number:: 10/756,188
Filing Date:: 01/12/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: THERAPEUTIC DEVICE AND METHOD USING
FEEDBACK FROM IMPLANTABLE SENSOR
DEVICE
Attorney Docket Number:: 021628-000810US
Request for Early Publication:: No
Request for Non-Publication:: Yes
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Brian
Middle Name: P.
Family Name: Brockway
Name Suffix:
City of Residence: Shoreview
State or Province of Residence: MN
Country of Residence: US
Street of Mailing Address: 4339 Nancy Place
City of Mailing Address: Shoreview
State or Province of mailing address: MN
Country of mailing address:
Postal or Zip Code of mailing address: 55126

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Brian
Middle Name: D.
Family Name: Pederson
Name Suffix:
City of Residence: Andover
State or Province of Residence: MN
Country of Residence: US
Street of Mailing Address: 15020 Drake Street NW
City of Mailing Address: Andover

State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Benditt
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2 Circle West
City of Mailing Address:: Edina
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55436

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	41,405	Chun-Pok Leung
Associate	41,405	Chun-Pok Leung

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,151	01/15/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	Transoma Medical, Inc.
Street of mailing address::	4211 Lexington Avenue, N. #2244
City of mailing address::	St. Paul
State or Province of mailing address::	Minnesota
Country of mailing address::	United States
Postal or Zip Code of mailing address::	55126